



IDAHO DEPARTMENT OF
HEALTH & WELFARE

APPLICATION FOR MEDICAID SERVICES FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES

Thank you for your interest in Medicaid developmental disability services for children. In order to determine if your child is eligible for services, you will need to complete or obtain each of the items requested as part of the application process.

1. Fill out, sign, and return each of the forms listed below. These forms have been included in the application packet for your convenience:
 - Children's Developmental Disability Application
 - Authorization for Disclosure
 - Acknowledgement of Receipt of Notice of Privacy Practices

AND

2. Provide documentation which verifies your child has a diagnosis that qualifies as a developmental disability. The documentation requirements are as follows:
 - If your child's diagnosis is **Cerebral Palsy, Epilepsy, or closely related condition**: Provide medical documentation from a physician.

OR

- If your child's diagnosis is **Intellectual Disability or closely related condition**: Provide results of cognitive testing. If the test was not done within the last (3) years, new testing must be done. Approved test instruments are listed in the "Instructions for Completing the Children's Developmental Disability Services Application" included with this packet.

OR

- If the diagnosis is **Autism Spectrum Disorder such as: Autism, Aspergers, Pervasive Developmental Disorder (PDD), or closely related condition**: Provide an assessment completed by a licensed professional qualified to make an autism spectrum diagnosis.

Once you have completed and/or obtained each of the above items, return the information to the Department of Health and Welfare by one of the following methods:

Email: *see regional contacts*

Fax: *see regional contacts*

Mail: *see regional contacts*

Upon receipt, we will forward it to the Idaho Center for Disabilities Evaluation (ICDE) office who will complete your child's eligibility process. It is important that you submit all the documentation requested at the same time in order for the ICDE to process your application in a timely manner.

Once all of the documentation is received by the ICDE, they will review the documents and contact you to schedule a time to complete the eligibility assessments.

If you have any questions about the application process or the documents requested, please contact your local ICDE office.

**INSTRUCTIONS FOR COMPLETING THE
CHILDREN'S DEVELOPMENTAL DISABILITY SERVICES APPLICATION**

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| Child's Name: First and last name of the child applying for services. |
| Date of Birth: The child's birthdate (month, day and year). |
| SSN: The child's nine digit social security number. |
| Is the child currently enrolled in Medicaid: Check the "yes" box if the child is enrolled in Medicaid and "no" if not. |
| MID: If you checked the "yes" box as the answer to "enrolled in Medicaid" indicate the child's Medicaid number. The Idaho Medicaid Number is the first (7) seven digits of the Medicaid identification number as listed on the Idaho Medicaid card. |
| Health Connections: Check the "yes" box if the child is enrolled in Healthy Connections and the "no" box if they are not. If you do not know the answer to this question, <u>do not</u> check either box. |
| Parent(s)/Legal Guardian Name: First and last name of the child's parent(s) or legal guardian(s). |
| Address: Mailing address of the parent or legal guardian (include city, state, zip code). |
| Telephone (1) & (2): Daytime telephone number(s) where the parent or legal guardian can be contacted. Please include the area code. |
| Email: Email address of the parent or legal guardian. |
| Name of Physician: Indicate the first and last name of the child's primary care physician. |
| Physician Address: Mailing address of the child's primary care physician. |
| Name of School, if applicable: Name of the child's current school. If the child does not attend school, please leave blank. |
| Name of Primary Teacher: First and last name of the child's teacher. If the child does not attend school, please leave blank. |
| Name of DDA and phone, Name of Service Coordinator and phone (if applicable) Name of the child's DDA and Service Coordinator if they are a child transitioning or opting in early to the benefits and currently receive either service. If the child is a new applicant just put N/A in each section. |
| Diagnosis: List the child's developmental disability diagnosis (es). |
| What services /supports do you think would benefit the child: List the services and supports that you believe would benefit the child. A list of traditional services is included in this application packet. |
| Person Requesting Services: Your (person filling out the application) first and last name. |
| Relationship to Applicant: Your (person filling out the application) relationship to the child. |
| List enrollment in any other services, including Department services: List any other services or therapies the child might be involved in (ex: speech therapy, occupational therapy, counseling etc...). |
| Other history or pertinent information regarding your child: List any other medical and/or psychiatric issues and/or diagnoses. Include any other information that you feel would be important for the person reviewing the application to know. |
| <p>Documents to Determine Eligibility: check the boxes in front of the documentation that is included in the application. Only the records listed for the child's disability are required. For example, if the child has Epilepsy, only medical records are required; not Psychological or Psychometric testing.</p> <ul style="list-style-type: none"> ➤ Cognitive Testing: The following tests will be accepted as documentation: Bayley Scales of Infant Development; Stanford Binet Intelligence Scales; Weschler Preschool and Primary Scales of Intelligence; Weschler Intelligence Scales for Children; Weschler Adult Intelligence Scales. ➤ Autism Assessment: Individuals who are qualified to diagnose a child with Autism Spectrum Disorder include: Developmental Pediatricians, Child Neurologists, Psychologists and Psychiatrists. |
| Additional Collateral Documentation: check the boxes in front of the documentation that is included in the application. This is additional documentation is not required. |

CHILDREN'S DEVELOPMENTAL DISABILITY SERVICES APPLICATION v. 7_9_13

Date: _____

Child's Name: _____ Date of Birth: _____ SSN: _____

Is the child currently enrolled in Medicaid? Yes No MID# _____ Healthy Connections? Yes No

Referral source if applicable: _____

Parent(s)/Legal Guardian Name: _____

Primary language spoken in household: _____

Address: _____

Mailing address if different: _____

Telephone (1): _____ Telephone (2): _____

Email: _____

Physician Name: _____ Telephone: _____

Physician Address: _____

Name of School, if applicable: _____ Name of Primary Teacher: _____

Name of DDA (If applicable) _____ DDA Phone: _____

Does your child receive any of the following services:

Service Coordination? Yes No PCS? Yes No PSR Yes No

Diagnosis _____

What services/supports do you think would benefit the child: _____

Person Requesting Services: _____ Relationship to Applicant: _____

List enrollment in any other services, including other Department services: _____

Other history or pertinent information regarding the child: _____

Documents to determine eligibility:

- Medical records
(If the child's diagnosis is **Cerebral Palsy, Epilepsy, or closely related condition**, include records that verify the disability)
- Cognitive Testing
(If the child's diagnosis is **Intellectual Disability or closely related condition**, include IQ/psychometric testing that verify the disability)
- Autism Assessment
(If the child's diagnosis is **Autism Spectrum Disorder such as: Autism, Aspergers, Pervasive Developmental Disorder (PDD), or closely related condition**, provide an assessment completed by a licensed professional qualified to make an autism spectrum diagnosis)

Additional collateral documentation if available:

- School records/assessments related to disability
- Intervention Assessment
- Speech/Language, Physical Therapy, Occupational Therapy
- Other pertinent evaluations _____



Consent for Gathering, Use and Disclosure of Information

Child Name: _____ DOB: _____

Mailing Address: _____

Residential Address (if different): _____

Primary Phone: _____

Requestor Name (if different than child's parent/guardian): ICDE _____

Requestor Phone: _____ Requestor Fax: _____

I consent to the gathering, use and disclosure of my information by the Idaho Center for Disabilities Evaluation. This information is needed for the purpose of providing benefits or services, obtaining payment for my benefits or services and to conduct normal business operations.

I have the right to revoke this consent, in writing, at any time, except to the extent that the Center for Disabilities Evaluation has already used and disclosed my information in reliance on this consent. If I revoke this consent, the Center for Disabilities Evaluation has the right to report the action to the Department of Health and Welfare, which has the right to refuse to provide me with further benefits or services.

If the person consenting to the release is someone other than the parent, they must provide documentation of their authority.

Parent or Legal Guardian: _____ Date: _____

*****This consent expires 1 year from the date signed***
PLEASE RETURN WITH YOUR APPLICATION**



Consent for Gathering, Use and Disclosure of Information

Please complete and return this form to a Department of Health and Welfare office.

Available in Spanish. We provide interpreter services at no cost. Call 2-1-1 or 1-800-926-2586 for interpretation assistance.
Disponible en español. Proveemos servicios de intérprete sin costo alguno. Llame al 2-1-1 ó al 1-800-926-2586 para obtener la ayuda de un intérprete.

| | |
|---|---------------------------------------|
| Client Name _____ (First, MI, Last) | Client Date of Birth _____ |
| Client Home Address _____ | |
| Client Mailing Address (if different) _____ | |
| Client Telephone _____ | |
| Requestor Name (if different than client) _____ | |
| Requestor Telephone _____ | Requestor Fax Number (optional) _____ |

I consent to the gathering, use and disclosure of my information by the Idaho Department of Health and Welfare. This information is needed for the purpose of providing benefits or services, obtaining payment for my benefits or services and to conduct normal business operations

I have the right to revoke this consent, in writing, at any time, except to the extent that the Department has already used and disclosed my information in reliance on this consent. If I revoke this consent, the Department has the right to refuse to provide me further benefits or services.

If this consent is being made by someone other than the subject of the information, please describe and provide documentation of your authority to consent to the gathering, use and disclosure of that person's information _____

Your signature _____ Date _____

Your signature must be notarized if you submit this request by mail or fax.

I, _____, being a Notary Public, do hereby certify that on this day _____ of _____, 20____, the above individual, having been first duly sworn, appeared before me and signed the foregoing document.

Signature of Notary Public _____

Notary Public residing at _____
My commission expires on _____

For DHW Office use only

ID Provided _____

Form Complete _____

Authority:

Accessing _____
own records _____

Documentation _____
Attached _____

Not Required _____



Acknowledgement of Receipt of the Notice of Privacy Practices

Available in Spanish. We provide interpreter services at no cost. Call 2-1-1 or 1-800-926-2588 for interpretation assistance. Disponible en español. Proveemos servicios del intérprete sin costo alguno. Llame al 2-1-1 ó al 1-800-926-2588 para obtener la ayuda de un intérprete.

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|---|
| Client Name _____ (Please Print your First Name, Middle Initial and Last Name) |
| By signing below, I acknowledge that I have received the <i>Notice of Privacy Practices</i> provided by the Idaho Department of Health and Welfare. |

Your signature _____ Date _____

Notice of Privacy Practices – Guidance Document

Updated: August 12, 2013

The Department has revised its Notice of Privacy Practices. Some of these changes are based on revisions the U.S. Department of Health and Human Services (HHS) made to the privacy and security protections for health information established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

These changes are effective September 23, 2013. So, we need to begin providing the new Notice to our clients on or before September 23rd. (Even though we can start disseminating the Notice prior to the effective date, the Department will follow the terms of the Notice currently in effect.)

This document provides guidance on how to do that. Please review it carefully and contact your local Privacy Specialist if you have questions. (Their contact information is provided further below.)

History of the Notice:

- The Department began providing the Notice of Privacy Practices to its clients in 2003.
- It conveys many things, such as outlines client rights, describes how clients' confidential information may be used and disclosed, identifies how clients may request access to their information, and tells them how they can request amendments to their records.
- All Department programs must follow the practices detailed in the Notice, regardless of location or service provided. This Notice applies to all records generated and maintained by the Department or by someone acting on behalf of the Department.
- Generally speaking, each Division determines how it distributes the Notice to their clients in their program areas. In this case, the requirements below are based on HIPAA or the Department's Privacy Manual and, they are specific to this initiative.

Key Changes to the Notice:

- Effective September 23, 2013.
- Updated wording regarding how clients can submit requests about their confidential information to the Department.
- Changed wording, where appropriate, to state which requests will be processed "according to the Idaho Public Records Act and the federal HIPAA Laws." (This does not change how requests for records are processed.)
- Under "Right to Restrict Health Information Disclosures," added the statement that, "where you or someone on your behalf pays for an item or service, and you request that information concerning said item or service not be disclosed to a health insurer, we will agree to the requested restriction." (These requests will continue to be processed by the Privacy Specialists; therefore, there is no change to the current process.)

- Under “Right to an Alternate Means of Delivery,” changed wording to state the Department will respond to a request if denied. (This means your program has the flexibility to not respond to reasonable requests that are approved.)
- Under “Special Requirements,” added a statement that “affected individuals will be notified following a breach of unsecured health information.” (This does not change Department expectations to report breaches of confidential information.)

Provision of the Notice to Clients (Reflects Current Practice):

- The Notice is available in both English and Spanish.
- At the time benefits or services are applied for, re-determined, or re-assessed, all clients will receive the Notice.
- If your program has a direct treatment relationship with an individual, and operates as a health care provider, you are only required to give a copy of the revised Notice to new clients.¹ And, you must obtain a good faith acknowledgement of receipt from only new clients.²
- If your program is a health plan (government program that pays for health care, such as Medicaid), you must provide the revised Notice, or information about the material change and how to obtain the revised Notice, in your next annual mailing to individuals then covered by the plan, such as at the beginning of a plan year or during an open enrollment period.
- The Notice, or notices of material changes, may be distributed by email, provided the individual has agreed to receive an electronic copy.
- Some Department programs may respond during emergency situations. This might include Child Protection Services and Regional Mental Health Services. If, as a result of this response, an individual begins to receive benefits or services, the program must provide the Notice, as soon as reasonably practical, after the emergency situation.
- Entities we work with, such as schools, health districts, etc., are responsible for providing their clients with their respective Notice of Privacy Practices.

Posting Requirements:

- Post the revised Notice (in both English and Spanish) in a clear and prominent location (typically, areas commonly frequented by the public, such as waiting rooms, reception areas, and other initial points of entry).
- Your local Human Resource Specialist will help meet some of the posting requirements, as they already take the lead for some of the postings in the areas commonly frequented by the public.
- If your program is a health care provider, you must have copies of the Notice (in both English and Spanish) available for clients to pick up without request (such as on a table in the program’s lobby).

¹ A health care provider includes providers such as a doctor, clinic, psychologist, dentist, nursing home or pharmacy ... but only if they transmit any information in an electronic form in connection with a transaction for which HHS had adopted a standard.

² See the Department’s Privacy Manual for the form called “Acknowledgement of Receipt of the Notice Privacy Practices,” which is available in English and Spanish.

- If your program posts the Notice to a SharePoint, eManual, external website, or via digital communications, the program must post the new Notices (both English and Spanish versions) on or before September 23rd.
- Remove and dispose of all previous versions of the previous Notice.
- The Notices have been posted to the Health and Welfare external website page called "About Us" and the Privacy Manual.

Obtaining Copies of the Notice:

- The Notice is currently being printed (in both English and Spanish) and will be available approximately August 26, 2013. The Management Assistants will be notified by email when the printed forms are available.
- A PDF of each revised Notice (English and Spanish) is available by accessing the Privacy Manual. You may also access by clicking on the appropriate Notice: [English](#) or [Spanish](#).
- Other than waiting for the new forms to be printed, there is no change to how your program has typically ordered them (from Central Forms Supply/SWITC) and/or printed the Notice.
- You may pre-order the revised Notices from Central Forms Supply at AmbroseK@dhw.idaho.gov.

Privacy Specialists:

- Linda Engle, Northern Hub, 476-8116 or 476-4511 ext. 2231
- Lorie Vega, Western Hub, 442-2812 ext. 758
- Cindy Allred, Eastern Hub, 785-8413

TRADITIONAL SERVICES

Families have the choice to use their child's individual budget to access Medicaid services through two different pathways, the Traditional model and Family-Directed Services model. Families who want to access services through the Traditional model will continue to receive services from Medicaid developmental disability providers who are paid for providing defined Medicaid benefits.

State Plan - HCBS Services

All children with developmental disabilities will qualify for the following services:

Respite - provides supervision to a child on an intermittent or short-term basis because of the need for relief of the primary unpaid caregiver. Respite may be used on a regular basis to provide relief to the caregiver and is available during family emergency or crisis.

Habilitative Supports - provides assistance to children with disabilities by facilitating independence and integration into the community. This service provides children with an opportunity to explore their interests and improve their skills through community participation and integration. The service provides opportunities for children to practice the skills they have learned in other therapeutic and natural environments.

Family Education - assistance to families to help them better meet the needs of their child. Family Education offers education to the parent or legal guardian that is specific to the individual needs of the family. Education topics can include: orientation to developmental disabilities, generalized strategies for behavior modification and intervention techniques.

Waiver Services

Children who meet 'Institutional Level of Care' will qualify for the following services:

Habilitative Intervention - services are provided to improve a child's adaptive skills and discourage problem behaviors. Intervention services are outcome based, therapeutic services delivered by a professional. Intervention is based upon well-known and widely regarded principals of evidence based treatment.

Family Training - 'one-on-one' instruction to families on intervention techniques. Family training is provided to the parent or guardian when the child is present.

Interdisciplinary Training - instruction and training from service professionals to other direct service providers. Interdisciplinary training focuses on maximizing the coordination of all the services the child receives and allows professionals to train each other on how to better meet the needs of the child.

Therapeutic Consultation - consultation provided to a child's Habilitative Interventionist and family. This services is utilized when it is determined that a more advanced level of training and assistance is required based on a child's complex needs.

Crisis Intervention - services provide direct consultation and clinical evaluation of children who are currently experiencing or may be expected to experience a psychological, behavioral or emotional crisis. Services include training and staff development related to the needs of the child. The service may also provide emergency back-up for the child in crisis.

FAMILY- DIRECTED SERVICES

Families have the choice to use their child's individual budget to access Medicaid services through two different pathways, the Traditional model and Family-Directed Services model.

When it comes to choosing services, everyone has different needs and preferences. Additionally, every community offers a different amount and variety of services. The Family-Directed Services pathway is designed for families who want a more hands-on and flexible approach in determining the types of services and supports their children need.

The flexibility in this model allows parents to choose, design and direct services outside of the traditional menu of services. The Family-Directed Services pathway allows for more creative ways to access services than the Traditional pathway while still maintaining accountability required by federal authorities.

Family-Directed Services May Be Right For Your Family If:

- You would like to gain more control over the resources that are available for your child and have more freedom to create and access untraditional services and supports.
- You want to manage an individualized budget that is based on your child's assessed needs.
- You want to recruit, hire and train your own service providers (families can contract with a traditional service provider, friends, relatives, and neighbors).
- You want to set wages for your service providers based on a service and supports budget.
- You want to maintain records and monitor services and spending, set schedules and submit timesheets for their providers.
- You want to contract with non-traditional providers of service or supports.

How It Works

1. A child is determined eligible for services and will be assigned a budget based on their strengths and assessed needs.
2. Families have the choice between two pathways, the Traditional model and Family-Directed Services model. These two pathways offer different levels of control and responsibility over your child's services and supports.
3. If the family chooses Family-Directed Services, they will hire a Support Broker to assist them in developing and managing services. The Support Broker helps create the Supports and Spending Plan, budget the money, and monitor services.
4. The plan is authorized by the Department of Health and Welfare (DHW). A Fiscal Employer Agent takes care of the financial considerations including paying for authorized services and goods, withholding applicable taxes, and providing monthly expenditure reports.
5. Together you, your Support Broker, and DHW will work together to assure that your child's health and safety needs are met.

Choosing Family-Directed Services allows you more control over your child's services if you wish to take more responsibility for coordination and management.



RIGHT TO APPEAL

Applicants for or recipients of services have a right to a hearing any time a decision is made that substantially affects benefits. The applicant or recipient has a right to be represented by legal counsel or any spokesperson he chooses to designate. The client or his representative must request a hearing in writing and include the following information:

- Copy of the decision with which the applicant or client disagrees
- Applicant or client name
- Address and phone number
- Reasons for challenging the Department's decision
- Remedy requested

Hearing requests must be turned in or mailed to the address below:

Hearings Coordinator
Department of Health and Welfare
450 West State, 10th Floor
P.O. Box 83720
Boise, ID 83720-0036

The Idaho Department of Health and Welfare will provide a hearing request form when requested by the recipient or a representative. The request for a hearing must be submitted within twenty eight (28) days from the date the notice of decision was mailed by the Department. The Hearing Officer will notify the recipient or representative of the date, time, and place of the hearing at least ten (10) days before the scheduled hearing, unless the Hearing Officer finds good cause for shorter notice. Hearing rights and procedures relating to hearings are found at IDAPA 16.05.03, Rules Governing Contested Case Proceedings and Declaratory Rulings.